

POMP Final: Additional Services Received Module

(Telephone Version)

**SKIP QUESTION AS1 FOR CONGREGATE MEAL RESPONDENTS.
 SKIP QUESTION AS2 FOR HOME-DELIVERED MEAL RESPONDENTS.
 SKIP QUESTION AS4 FOR CASE MANAGEMENT RESPONDENTS.
 SKIP QUESTION AS5 FOR TRANSPORTATION RESPONDENTS.**

I'd like to ask about additional help you may have received.

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
AS1. In the past year, have you attended a lunch program at a senior center or other meal site? IF NEEDED: A lunch program, or Congregate Meals are meals provided in a group setting, such as at a senior center	1	2	-7	-8
AS2. In the past year, have you received Meals on Wheels? IF NEEDED: Meals on Wheels or Home-Delivered Meals are meals that are usually delivered to eat at home.....	1	2	-7	-8
AS3. In the past year, have you received homemaker or housekeeping services? IF NEEDED: Homemaker or housekeeping services are services that may include help with doing light housework, laundry, preparing meals or shopping	1	2	-7	-8
AS4. In the past year, have you received case management services? IF NEEDED: When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services	1	2	-7	-8
AS5. In the past year, have you received transportation services? IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as the doctor, the senior center, or shopping IF NEEDED: Includes recreational trips	1	2	-7	-8
AS6. In the past year, have you received adult day care services? IF NEEDED: Adult day care or adult day health is when people go to a place and spend the day	1	2	-7	-8

Office Use Only: Client ID: _____ Service Enrollment Date: _____ Date of Survey Administration: _____
--

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
AS7. In the past year, have you received personal care services? IF NEEDED: Personal care services are help with care like dressing or bathing.....	1	2	-7	-8
AS8. In the past year, have you received chore services? IF NEEDED: Chore services help with heavier housecleaning and yard work.....	1	2	-7	-8
AS9. In the past year, have you received legal assistance? IF NEEDED: Legal assistance may help with making a will or understanding a bill and other legal matters. IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8
AS10. In the past year, have you received information and assistance services? IF NEEDED: Information and assistance helps people find out about services that are available to them. IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8
AS11. Do you have a nutrition counselor who gives individual advice on what you should eat based on general health, chronic conditions, medications, and your usual food choices? IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8
AS12. Have you received health screenings such as blood pressure checks or mammograms other than those from your own doctor? IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8
AS13. Have you received flu shots, pneumonia shots, or other immunizations other than those from your own doctor? IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8
AS14. Have you taken exercise or fitness classes or do you use the exercise equipment at a senior center or other program for older adults? IF NEEDED: Remember, we are talking about services received from (agency/provider name)	1	2	-7	-8

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
AS15. Do you receive help managing your medications, understanding how much to take, how often and whether it works with your other medicines? IF NEEDED: Does not include help from family or friends. This is help from (agency/provider name).....	1	2	-7	-8

AS16. In the past year, have you received help getting benefits, such as food stamps, Medicaid, SSI, or Social Security?	1	2	-7	-8
--	---	---	----	----

AS17. Overall, how would you rate the group of services you receive? Would you say...

Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5
Refused	-7
Don't Know	-8

AS18. Are you receiving any other types of assistance, such as...

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
a. Food Assistance/Food Stamps/SNAP	1	2	-7	-8
b. Energy Assistance	1	2	-7	-8
c. Medicaid.....	1	2	-7	-8
d. Housing Assistance.....	1	2	-7	-8

Now, I would like to ask about how these services help you.

AS19. As a result of the services you receive, are you able to live independently?

Yes.....	1
No.....	2
Refused	-7
Don't Know	-8

AS20. As a result of the services you receive, are you better able to care for yourself?

Yes.....	1
No.....	2
Refused	-7
Don't Know	-8

GO TO NEXT MODULE OR CLOSE